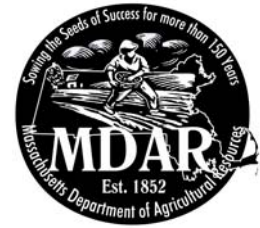


THE COMMONWEALTH OF MASSACHUSETTS
Department of Agricultural Resources
Bureau of Milk Marketing

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1814 fax 617-626-1850 www.Mass.gov/DFA



Milk Dealer Registration and License Application Form Fiscal Year 2005

Please provide complete information to the following application and return the application with the milk dealer license fee listed below to the Bureau of Milk Marketing, Department of Agricultural Resources, 251 Causeway St., Boston, MA 02114.

License Fee:

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1. Applicants Name and Principle Address in
Massachusetts:

If different (Please print):

2. Trade Name:

Phone Number: ()

3. Please indicate the type of business organization of the applicant by checking the appropriate box. Provide the information requested for the applicable type of business organization.

<input type="checkbox"/> Individual			
Name			
Street Address	City	State	Zip Code
<input type="checkbox"/> Partnership: Provide the names and addresses of each partner. If applicant needs more space, please attach additional sheets.			
Name			
Street Address	City	State	Zip Code
Name			
Street Address	City	State	Zip Code
Name			
Street Address	City	State	Zip Code

<input type="checkbox"/> Corporation:		Please provide the State of Organization: _____	
Please provide the name and address of the President, Treasurer, and Secretary.			
President			
Name			
Street Address		City	State Zip Code
Treasurer			
Name			
Street Address		City	State Zip Code
Secretary			
Name			
Street Address		City	State Zip Code

4. Affiliates and subsidiaries: please provide the names and addresses of all affiliates and subsidiaries.

Name of Affiliate or Subsidiary:			
Street Address		City	State Zip
Name of Affiliate or Subsidiary:			
Street Address		City	State Zip
Name of Affiliate or Subsidiary:			
Street Address		City	State Zip
Name of Affiliate or Subsidiary:			
Street Address		City	State Zip
Name of Affiliate or Subsidiary:			
Street Address		City	State Zip

5. For each plant from which the applicant distributes milk in the Commonwealth of Massachusetts and which applicant owns or operates, please provide the address, the name of the plant manager, the telephone number, and the Interstate Milk Shippers (IMS) Plant Code (if applicable) of each such plant. The term plant includes milk plants, receiving stations, and pasteurization plants. If space is insufficient, please provide additional sheets.

IMS Plant Code	Contact Person	Telephone Number	
Street Address		City	State Zip
IMS Plant Code	Contact Person	Telephone Number	
Street Address		City	State Zip
IMS Plant Code	Contact Person	Telephone Number	
Street Address		City	State Zip

Instruction for questions 6-10: If the applicant did not operate a milk business during the entire month of May, 2004, give the information for the applicant's first full month of operation thereafter, indicating what month. If at the time of making application the applicant has not yet operated a milk business, give the applicants intentions and estimates for anticipated business for the first full calendar month of operation.

6. Give names of dealers and/or associations from whom milk was purchased in May 2004 (including milk plants, receiving stations, or pasteurization plants). Also provide address and quantity in pounds purchased from each. If space is insufficient, attach list.

Name of Dealer or Association		Quantity in Pounds	
Street Address	City	State	Zip
Name of Dealer or Association		Quantity in Pounds	
Street Address	City	State	Zip
Name of Dealer or Association		Quantity in Pounds	
Street Address	City	State	Zip
Name of Dealer or Association		Quantity in Pounds	
Street Address	City	State	Zip
Name of Dealer or Association		Quantity in Pounds	
Street Address	City	State	Zip

7. On a separate sheet, list the number and give names and addresses of producers from whom milk applicant purchased in May 2003. Indicate the quantity in pounds purchased from each. List Massachusetts and out of state producers separately.

8. If you are a producer-dealer, please provide the number of cows and the amount of milk produced on your farm in May 2004.

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9. For the month of May 2004 did the applicant (Please check the appropriate box):

Pasteurize Milk?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> for self	<input type="checkbox"/> other dealers
Buy milk pasteurized and/or packaged by another dealer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Sell from retail routes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Own stores?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Sell wholesale?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
If Yes, check the applicable outlets:	<input type="checkbox"/> Stores?	<input type="checkbox"/> Restaurants?	<input type="checkbox"/> Hotel?	<input type="checkbox"/> Hospitals?
	<input type="checkbox"/> Schools?	<input type="checkbox"/> Other institutions?	<input type="checkbox"/> Other wholesale?	<input type="checkbox"/> Sell to dealers?
Sell milk in Massachusetts, which you have pasteurized out of state?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Manufacture butter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Manufacture Ice cream?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Manufacture Cheese?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

10. Please list the name and address of each milk dealer in Massachusetts to whom applicant distributed milk. If space is insufficient, attach list:

Name of Dealer			
Street Address	City	State	Zip
Name of Dealer			
Street Address	City	State	Zip
Name of Dealer			
Street Address	City	State	Zip
Name of Dealer			
Street Address	City	State	Zip
Name of Dealer			
Street Address	City	State	Zip

Note: Failure to give complete answers to any of the above questions is a violation of Chapter 94A of the Massachusetts General Laws.

The undersigned applicant hereby represents and agrees that:

1. The applicant is familiar with the provisions of Chapter 94 and 94A of the General Laws, as amended.
2. The applicant will promptly notify the Department of Agricultural Resources of any change during the license year with respect to any particular given above.

The person who as the individual applicant, member of the partnership or officer of the association or corporation making this application, hereby declare, and by my signature affixed below attest, that I am duly authorized to execute this application for a milk dealer license, that all the information contained in this application is true, and that this statement is made by me under the penalties of perjury, as provided in Section 1A of Chapter 26B of the General Laws of Massachusetts.

Signature of Applicant: _____ Date: _____

If applicant is a corporation, both the president and treasurer must sign.

Signature: _____ Date: _____
President

Signature: _____ Date: _____
Treasurer

Pursuant to MGL Ch. 62C, sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Federal Identification No.:

N.B. If the foregoing statement is signed outside the Commonwealth of Massachusetts it must be verified before a Notary Public or other duly authorized officer and the certificate of such officer must be appended to this application when filed.

FOR OFFICE USE ONLY			
Date Received:	Amount Received:	Audit No.:	Lic. No.: